



**CALVERT COUNTY DEPARTMENT OF PARKS AND RECREATION
FACILITY RENTAL APPLICATION**

Mail to: Southern Community Center
20 Appeal Lane, Lusby, MD 20657
or email to socstaff@calvertcountymd.gov or fax to (410) 326-0673
For questions, please call 410-535-1600 ext. 2826/410-586-1101

Office Use Only

Date Rcv'd _____
Time _____
Initials _____
Veteran ☐
Verified CC Resident ☐
Non-CC Resident ☐
Age Verification ☐

APPLICANT INFORMATION

Applicant Name*	Organization
Cell Phone	Home Phone
Address	Email
2nd Applicant Information – Name:	
Phone Number:	

EVENT INFORMATION

Event Type:	Day of the week (Circle One) Su M Tu W Th F Sa	Event Date:
Number of chairs requested:	Number of tables requested:	Estimated Attendance:
Facility (Check One) Southern Community Center <input type="checkbox"/> Dowel House (13) <input type="checkbox"/> Music (Check One) DJ/Band <input type="checkbox"/> Bluetooth/Speaker <input type="checkbox"/>	Room(s) Requested (Check One) P&R1 (12) <input type="checkbox"/> P&R2 (12) <input type="checkbox"/> MP1 (25) <input type="checkbox"/> MP2 (30) <input type="checkbox"/> CR (12) <input type="checkbox"/>	Time Check In _____ Check Out _____ Rental Blocks Fri/Sat 8:45 a.m. to 12:30 p.m. 1:00 p.m. to 5:00 p.m. 5:30 p.m. to 9:30 p.m. Sun 8:45 a.m. to 11:30 a.m. 12:00 p.m. to 4:00 p.m. 4:30 p.m. to 8:30 p.m. Mon-Thurs Per Availability
Will you have food/drink? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is this a teen event? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, complete chaperone list on back	

I have received, read and understand the Community Center Use Policy governing the use of Calvert County Department of Parks and Recreation Community Center facilities as well as the facility use information for the community center selected and hereby agree to abide by those regulations as well as any additional verbal directions given by community center staff. I further agree to hold harmless Calvert County Department of Parks and Recreation and its employees for any injuries which may occur to individuals participating in my activity. I also understand that I will be held responsible for any damages that may be caused by our activity. I will give at least 14 Days advance written notification of any cancellation or date transfer request in order to be considered for a full refund or date transfer.

NO; STERNOS (except on tile floors), ALCOHOL, NON-PRESCRIPTION DRUGS, AMPLIFIED MUSIC, INFLATABLES, GLITTER, CONFETTI, LIVE ANIMALS (except approved service animals), OR TAPE, TACKS, PUSH PINS, STAPLES OR NAILS ON WALLS ARE NOT ALLOWED AT ANY TIME!

Signature of Applicant

Date

OFFICE USE ONLY

Approved _____	Staff Initials/Date _____	Denied _____	Staff Initials/Date _____	Reason: _____
Event Date	Facility	Room	Time	
Total Fees Due \$	Payment Due	Date Received	Payment Type:	
Confirmation Date	Time	In-Person	Phone	Email
Staff Initials				
-----EVENT CANCELLATION & REFUND-----				
Date Cancelled	Reason			
Staff Signature	Refund Date	Refund Type		

Staff Notes:

EVENT CHAPERONE LIST (If applicable)

The Event Chaperone List is a requirement for ALL teen-sponsored activities between the ages of 13-19 years. Teen-sponsored activities must also have a minimum of 5 chaperones ages 21 & older.

***NOTE:** Group leaders and chaperones will be held responsible for ALL damages and incidents. Applications **WILL NOT** be processed without an Event Chaperone List. (If applicable)

	NAME	PHONE NUMBER	AGE
1.	_____	Phone _____	_____
2.	_____	Phone _____	_____
3.	_____	Phone _____	_____
4.	_____	Phone _____	_____
5.	_____	Phone _____	_____

End of Event Check List

Upon the Facility User's arrival, ask if they will be hanging decorations and if so, what they will be using to secure the decorations. Remind them of the rules – Painter's Tape only! No command strips, scotch tape, putty, staples, tacks, nails or gum. All decorations must be fully removed.

Date: _____ Time In: _____ Time Out: _____

Staff on Duty: _____ Staff on Duty: _____ Staff on Duty: _____

Inspection Area	Pass/Fail	Notes
Trash is cleared from the room and placed in the outside trash dumpster		
Floor(s) are swept and spot mopped		
Tables and chairs wiped down (as needed)		
All decorations and painter's tape removed		
All tables and chairs are correctly stored and placed on the rack(s) properly		

Facility User Departure Signature: _____ Comments: _____

Staff on Duty Signature: _____ Comments: _____

Room Capacity	In-County Fees - Up to (4) Hour Block		Non-County Fees - Up to (4) Hour Block	
	Without Food/Drink	With Food/Drink	Without Food/Drink	With Food/Drink
Small (50 or less)	\$0	\$0	\$20	\$50
Medium (51-100)	\$0	\$0	\$50	\$80
Large (101+)	\$0	\$0	\$100	\$130